

**SAMPLE BUDGET AMENDMENT****DIVISION OF SOCIAL SERVICES  
Purchase Contract  
BUDGET AMENDMENT****SECTION I.**Provider Agency Name: Turner's, Inc.Program: JAMContract Period: 7/1/01 to 6/30/02 Contract ID #: 00XXX-02Desired Effective Date: 1/1/02 Amendment #: 1

\_\_\_\_\_  
**Signature of Authorized Official**

12/6/01  
**Date**

**SECTION II.**

<b>Object/Item (1)</b>	<b>Current Amount (2)</b>	<b>Increase/(Decrease) (3)</b>	<b>Revised Amount (4)</b>
Equipment	5,980	(895)	5,085
Other:			
Supplies	1,350	625	1,975
Printing	1,080	270	1,350
Total	8,410	0	8,410

**SECTION III.** Justification:

Equipment can be reduced because of the donation of a camcorder to the Agency.

Printing and Supplies need to be increased because needs are exceeding the budget for reprinting brochures and additional supplies needed for educational materials.

**SECTION IV.** Approval/Denial:

\_\_\_\_\_ The budget revision is approved effective \_\_\_\_\_.

\_\_\_\_\_ The budget revision is denied for the reason(s) stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OFFICE USE ONLY****NCDSS Contract Administrator****For the N.C. Division of Social Services Director:**\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature (Division Budget Officer)\_\_\_\_\_  
Date\_\_\_\_\_  
Date

**SAMPLE BUDGET AMENDMENT****STATE OF NORTH CAROLINA  
DIVISION OF SOCIAL SERVICES  
CONTRACT BUDGET****SUMMARY****Provider****Turners, Inc.****Contract****ID#00XXX-02****Effective Period****From:7/1/01****To:6/30/02****Part I - Estimated Expenditures**

		Column 1	Column 2	Column 3
Object of Expenditure		Total Program Costs	Provider Funds (Cash ,In-Kind or Other)	Federal/State Funds
A.	Salaries	109,863	27,216	82,647
B.	Fringe Benefits	12,531	2,082	10,449
C.	Staff Development-	0	0	0
D.	Travel	14,676	0	14,676
E.	Equipment Purchases-Tangible Property	5,085	0	5,085
F.	Transportation-Recipient	1,588	1,588	0
G.	Medical Supplies and Expense	0	0	0
H.	Cost of Space-Non-Residential	5,685	3,603	2,082
I.	Room & Board-Residential Treatment	0	0	0
J.	Service Payments	0	0	0
K.	Other	44,825	764	44,061
L.	Indirect Costs	17,747	17,747	0
M.	Totals	212,000	53,000	159,000

**Part II - Computation of Unit Cost or Individual Fixed Rate**

A.	1.	Total Matchable Costs	\$	
	2.	Less: Earned Income for Unit Cost Method	\$	
	3.	Net Matchable Costs		\$
B.	1.	Total Service Unit Capacity, or		
	2.	Total Anticipated Utilization Capacity		
C.		Method of Computation or Source of Data		
D.		Estimated Unit Cost or Individual Fixed Rate:	\$	per

Purchase Contract Budget  
Supporting Budget Schedules

C. Staff Development for Provider Staff only	
(1) Item	(2) Total Cost
<p><b>Do not list registrations fees and related travel cost. List only tuition cost.</b></p>	
Total Staff Development (C.)	

D. Travel - Provider Staff only						
(1) No. of Persons	(2) Position or Title	(3) No. of Miles	(4) Rate per Mile	Daily Subsistence		(7) Total Cost
				(5) Rate	(6) Days	
1	Program Director	1,250	.325	81	5	811
		Airfare	\$3,000	30meals	5	3,150
				245 lodg	4	980
3	Social Workers	5,000	.325	81	20	9,735
	<i>(Computation= 3 x 5000 x .325 PLUS</i>					
	<i>3 x 81 x 20 = 9,735)</i>					
	<b>Do not list non agency Staff</b>					
Total - Travel (D.)						14,676

E. Equipment Purchases-Tangible Property			
(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Total Cost
1	Computer	3,450	3,450
1	Copier (actual cost \$7,655 – prorated cost to DSS)	1,635	1,635
	Do not list items with unit cost <b>less than \$500</b>		

Total Equipment - Tangible Property (E.)	5,085
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J. Service Payment			
(1) No. of Units	(2)  Item	(3)  Cost per Unit	(4)  Total
Total - Services Payment (J.)			
K. Other Expense (Each Item listed is an Individual Object to be listed on the DSS-1571S, III)			
(1)  Item	(2) Total Cost		
Audit (\$5000 prorated by 5 programs)	1,000		
Printing \$90 mth x 12 mths	1,350		
Telephone \$65 mth x 12 mths	780		
Supplies \$112.50 x 12mths(764 Match)	1,975		
Equipment under \$500	1,445		
Subcontractor			
DUCKS, Inc.	29,000		
SAM, Inc.	9,275		
	764M		
	43,166		
Total - Other Expenses (K.)			43,930
L. Indirect Cost			
(1) Rate	(2) Rate Applied to: (list applicable line item titles	(3) Amount Rate Applied to:	(4) Total
14.5%	Salaries and Fringes	122,394	All Match 17,747
	Attach a copy of current approved	indirect cost rate plan.	
Total - Indirect Cost (L.)			17,747

